

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/1530053

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3						
4	/			/		
5		/	/	/		
6		2		1		
7		2				
8		2				
9		2				
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15	/		/			
16		x	/			
17		2				
18		2				
19						
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22						
23		1				
24		2				
25		2				
26		1				
27		1				
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29		2				
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50						
TOTAL IND.			3			
TOTAL DEP.			28			
TOTAL CLAIMS			31			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						